



CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

December 5, 2003

Home and Community Based Waiver
Transmittal # A-58

Dear Home and Community Based (HCB) Waiver Provider:

In an effort to aid HCB Waiver providers in meeting their timeframes, effective December 15, 2003 the Department for Medicaid Services (DMS) will no longer require that an HCB Waiver provider submit the Level of Care Confirmation Notice with the packet when requesting prior authorization for services. As indicated on page 5.3 of the "Home and Community Based Waiver Services Manual, Transmittal #1 and Transmittal #2" all packets require submittal to the Peer Review Organization (PRO) within fourteen (14) calendar days of receiving the department's verbal approval of nursing facility level of care. Any prior authorization (PA) request packet received outside the fourteen (14) day timeframe will have a PA start date reflective of the date the packet is received. Services provided prior to receipt of the packet will not be reimbursable. For example, a provider receives verbal level of care confirmation on May 1st, the packet is due to the PRO by May 15th. If the packet arrives to the PRO on May 20th any services provided between expiration of the previous level of care and May 20th will **NOT** be prior authorized and therefore are **NOT** reimbursable.

An HCB Waiver provider may request an HCB Waiver recipient's recertification up to twenty-one (21) days prior to the end of the current certification. It is imperative that all HCB Waiver providers conduct reassessments to obtain the verbal level of care certification as early in this window as possible. Often when a reassessment is conducted late within the twenty-one (21) days it presents a hardship on the recipient whose services may be interrupted. DMS urges all HCB Waiver providers to fully utilize this twenty-one (21) day window.

"...promoting and safeguarding the health and wellness of all Kentuckians."



As stated in the Home and Community Based Waiver Services Manual, any packets received more than sixty (60) calendar days after the date of the initial assessment shall be returned unreviewed and new assessment shall be required. This is to ensure the medical documentation is appropriate and accurately reflects the individuals current medical condition.

Should you have any questions regarding this change in procedure, please feel free to contact Mr. Benjamin Sweger, Director, Division of Long Term Care and Disability Services. Mr. Sweger may be reached at (502) 564-7540.

Sincerely,

A handwritten signature in black ink that reads "Mike Robinson". The signature is written in a cursive, flowing style.

Mike Robinson
Commissioner

MR/KER